

Submission  
No 20

**INQUIRY INTO THE PROVISION OF DRUG  
REHABILITATION SERVICES IN REGIONAL, RURAL AND  
REMOTE NEW SOUTH WALES**

**Organisation:** Tenterfield Social Development Committee Inc.

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Tenterfield Social Development Committee Inc.  
167 Manners Street  
Tenterfield NSW 2372

Legislative Council Inquiry into the provision for drug rehabilitation services in regional, rural and remote New South Wales

The Tenterfield Social Development Committee Inc. manages the Tenterfield Community Hub, Tenterfield Family and Youth Support service, Aboriginal Supported Playgroup and Family worker and Drake Supported Playgroup. The committee is made up of members from the wider community that volunteer their time to manage and support the service.

Our services assist families and young people during times of social, financial and emotional hardship. Proactive activities are also performed in an attempt to reduce crisis numbers. Another part of our service delivery includes collaborative networking with all other service providers within our LGA.

It is very evident from these meetings that our area has very little access to drug and alcohol workers, Detox facilities and rehabilitation.

Tenterfield is a small rural community situated just 15KLMs south of the Queensland boarder, it is the most northern part of the New England Region.

We are two hours north of Armidale and 2 hours west of Lismore our two major centres for Services such as Detox beds and rehabilitation We currently have one Drug and alcohol counsellor working in our local Hospital and he also services the Glen Innes Hospital both these positions are only part time.

Our local aboriginal health office Armajan has a drug and alcohol counsellor and Drug workers. We have a very limited range of services available to our clients who are suffering from Drug and alcohol issues, partly due to the distances we have to travel to access the services and partly due to the waiting list to access these services.

The closest detox bed is in Armidale, if someone needs detox they may have to wait week's even months to gain access to that bed.

As far as we are aware there is no specific services relating to amphetamines and the methamphetamines in our local area.

One of the pre entry into most rehabilitation centres is detoxification, here is one of our main issues as beds are limited in this region and waiting times vary from a couple of days to weeks and months depending on client needs at any given time. Distance is also a problem as a lot of people needing detox do not have transport so services have to drive clients 2 to 3 hours to receive the treatment they need.

Closest detox beds to our area is Armidale and Lismore then Belmont two hours and 6 hours away. Rehabilitation centres in our region include Armidale Coffs Harbour Lismore, Bangalow, and Kempsey, all these centres are at least two hours away.

At present Tenterfield has no drug and alcohol worker, so point of entry is nil, we have to rely on Doctor Referrals and patient self-referral.

Once someone self refers to one of the services it is very difficult to then ensure they can access necessary follow up diagnosis and admission into a facility.

Concerning mandatory detoxification, it is felt amongst service providers that in a lot of instances mandatory detoxification is vital for the patient especially in the case of chronic alcohol abuse and Ice addiction, as these patients pose a very real threat to themselves, family members and the wider community. A lot of these patients are in some way involved in self harm activities on a regular basis, whilst our rate of family and domestic violence is on the increase.

We also feel that when patients have committed a crime, such as a breach of an AVO and are incarcerated that rehabilitation should be mandatory. The crime is secondary to the addiction yet the addiction is not been dealt with during the time of incarceration, in lot of instances the addiction is only being fed in prison.

If we have patients presenting with violent behaviours it is almost impossible to find a local facility that can help, mental health refer back to drug and alcohol and they will not admit due to lack of security and staffing. Just last week we had a client that was unable to access any help when needed and we were told that we just had to wait until they hurt someone before we could provide any assistance, as

then it would be left in the police's hands and then the judge could decide outcomes (not necessarily rehabilitation).

Locally we have no funded Drug and alcohol worker, no local detox bed even though we do have a local hospital, and waiting lists to get into any form of rehabilitation. .

We believe that Mental Health and drug and alcohol abuse should come under one banner, this was one of the recommendations in the 2015 Royal commission into Mental Health but unfortunately this has not been acted upon and many lives are being lost as a result.

Locally 6 weeks ago we lost a 30 year old aboriginal family man due to lack of help with Ice addiction. He had been a long time user and had many times wanted to be set free but unfortunately he took matters into his own hands and two little children are now fatherless.

The success or unsuccessfulness of any rehabilitation usually lays in the lap of the individual and their desire to be well. If we can enable patients to seek help early on in their journey of addiction we can often see better results, long time addiction is a different thing and needs many different facets of help, such as counselling, rehabilitation, living skills, re-entry pathways back into society and family and work retraining or rehabilitation.

We feel that the gaps in services are massive in our area and that this in part is due to funding, distance between us and the required facilities, waiting list to get the help needed and no local drug and alcohol worker at the grass roots of our community.

There has been trials of in house detoxification but again health professionals are needed and they are on short supply in this region.

Outpatient rehabilitation is available but locals still have to travel the two hours to Armidale for regular check-ups and counselling..

There are however some local travelling workers for outpatient rehabilitation from Armidale if clients tick the relative boxes for entry into such programs. These are not proving to be all that successful in positive outcomes for the clients as they are often left in households where drug and alcohol use is happening on a daily basis.

So as a local service provider we estimate that 8 out of 10 clients currently engaged with us have some form of Drug and alcohol issue which is contributing to other issues such as family and domestic violence, homelessness, crime and anti-social behaviour.

As service providers we can truly say that this Inquiry is very timely, and we look forward to being a part of the solution to this ever presenting problem in our small community.